

**COMMISSION FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND
SUBSTANCE ABUSE SERVICES
Rule Committee Minutes**

Holiday Inn-North,
2805 Highwoods Blvd. • Raleigh, NC 27604

Thursday, January 18, 2006

Attending:

Commission for MH/DD/SAS Rules Committee Members: Pender McElroy, Floyd McCullouch, Anna Schyette, Lois Batton, Dorothy Crawford, Emily Moore, Clayton Cone, Buren Harrelson, Mazie Fleetwood, Pearl Finch, Connie Mele, Martha Martinat, Ann Forbes, Fredrica Stell, Tom Ryba, Jerry Ratley,

Ex-Officios: Bob Hedrick

Commission for MH/DD/SAS Committee Members Excused: Mary Kelly, Paul Gulley, Ellen Holliman

DMH/DD/SAS Division Staff: Leza Wainwright, Steven Hairston, Flo Stein, Denise Baker, Stacy Silvia-Overcash, Sheila Bazemore, Cindy Kornegay, Vanessa Holman, Martha Lamb, Lynn B. Jones, Starleen Scott-Robbins, Stephanie Alexander, Jason Reynolds,

Others: Christina Hurejut, Charles Franklin, Barbara Moore, Michael Glass

Handouts:

Mailed:

Agenda for January 19, 2006 Rules Committee meeting
10A NCAC 27G .3800 Alcohol and Drug Education Traffic Schools
10A NCAC 27G .1800 Intensive Residential Treatment for Children or Adolescents
10A NCAC 27G .1500 Repeal Intensive Residential Treatment for Children or Adolescents
10A NCAC 27G .4400 Substance Abuse Intensive Outpatient Program (SIAOP)
10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Program (SACOT)
Rule Reference Materials

Call to Order:

Chairman, Floyd McCulloch called the meeting to order at 9:52 a.m. He welcomed all attendees and asked Commission members, Commission Ex-Officios, and Division staff to introduce themselves.

Mr. McCulloch requested a moment of silence for troops in Iraq and Hurricane Katrina victims.

Bob Hedrick asked the Committee to revisit the decision to receive upcoming meeting information only in hard copy form. He requested allowing the Division to mail a hardcopy or e-mail an electronic copy of the information for each meeting in accordance with individual members preferences. Mazie Fleetwood suggested that everyone continue to receive hardcopies of the information and anyone wanting an electronic copy should request it from Vanessa Holman.

Upon the motion, second and unanimous vote the Committee approved to disseminate meeting packets via hardcopy to all members and to allow members to receive an electronic copy upon request.

Mr. McCulloch asked for discussion concerning the draft October 19, 2005 Rules Committee minutes. Ms. Fleetwood recommended the following changes be made:

- 1) **Control Substance Reporting Systems:** The date January 1, 2005 is changed to January 15, 2006 and
- 2) **Public Comment:** The “s” is deleted from Ms. Dihoff’s last name.
- 3) **Non-Medicaid Appeals Process:** Under 27I .0601 Scope, second sentence, delete “o” after the word “decides” and add the word “to”.

Upon the motion, second, and unanimous vote the Committee approved the minutes with the recommended changes.

Alcohol and Drug Education Traffic Schools (ADETS)

Jason Reynolds of the DMH/DD/SAS DWI Unit, Justice Innovations Team presented the proposed rule amendments for the Alcohol and Drug Education Traffic Schools (ADETS). ADETS is an intervention designed for first time offenders that do not have a Substance Abuse handicap and register a reading of less than 0.15 when stopped by law enforcement. Each individual in NC convicted of a “Driving While Intoxicated (DWI)” offense receives interventions that are designed to prevent substance abuse problems or address problems that may already exist. Session Law 2005-312 directs the Commission for MH/DD/SAS to revise its rules regarding the number of instructional program hours and the class size for ADETS schools. The proposed amendments are as follows:

10A NCAC 27G .3803- Operations

(b) The program of instruction shall consist of not less than ~~ten~~ sixteen hours of classroom instruction.

And

10A NCAC 27G .3803- Operations

(i) Class size. Class size shall be limited to a maximum of ~~35~~ 20 persons.

Upon the motion, second and unanimous vote the Rules Committee approved the proposed amendment of 10A NCAC 27G .3803 to be forwarded to the full Commission for initial review for publication.

Intensive Residential Treatment for Children and Adolescents

Dr. Michael Lancaster, Chief of Clinical Policy for DMH/DD/SAS presented the proposed rules for the Intensive Residential Treatment of Children and Adolescents 10A NCAC 27G .1800. The proposed adoption is necessary to establish a new licensure category for Intensive Residential Treatment for Children and Adolescents. No comments were received for these rules. Dr. Lancaster suggested that the Committee consider the amendments the Commission made to the Residential Treatment rules (10A NCAC 27G .1700) in order to prevent inconsistencies between the .1800’s and the .1700’s. Amendments were made to the proposed .1700s based on comments received. Recommended changes are as follows:

10A NCAC 27G .1801 (c) change “principle” to “primary” to have the same language as 10A NCAC .1701(c) of the Residential Treatment rules.

(c) The population served shall be children or adolescents who have a ~~principal~~ primary diagnosis of mental illness, severe emotional and behavioral disorders or substance-related

disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for acute inpatient psychiatric services.

10A NCAC 27G.1804 (a) delete

~~(a) One direct care staff shall be present in the facility at all times when children or adolescents are away from the facility.~~

10A NCAC 27G.1804 (b) amend to read the same as 10A NCAC 27G .1704(b) of the Residential Treatment rules and becomes the new paragraph (a)

~~(a) (b) An additional on-call direct care staff shall be readily available by telephone or page and able to reach the facility within 30 minutes of the call or page. A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.~~

10A NCAC 27G.1804 (d)(1) amend

(d)The minimum number of direct care staff required when children or adolescents are present and awake is as follows:

(1) three direct care staff shall be present for ~~five or~~ up to six children or adolescents;

Upon the motion, second and unanimous vote the Rules Committee approved with additions the proposed adoption of rules 10A NCAC 27G .1800 to be forwarded to the full Commission for final adoption.

Dr. Lancaster also presented the proposed repeal of 10A NCAC 27G .1500 rules. The proposed repeal is necessary because 10A NCAC .1800 will replace this section to establish a new licensure category for Intensive Residential Treatment of Children and Adolescents.

Upon the motion, second and unanimous vote the Rules Committee approved the proposed repeal of rules 10A NCAC 27G .1500 to be forwarded to the full Commission for initial review for publication.

Martha Martinat made a motion that the Rules Committee support the resolution of the Eckerd Youth Alternatives, Inc.'s situation concerning program licensure. Leza Wainwright stated that there is a question as to whether the program meets the definition of a mental health facility and that licensure under G.S. 122C may not be the solution. Tom Ryba stated that this situation is too complicated to resolve at this meeting and recommended that the Committee let the Divisions involved (DMH, DSS and DFS) continue in their efforts to resolve the issues. He further stated if proposed rules are presented for consideration in the future, the Committee should deal with any relevant issues at that time. Mr. Ryba also stated he would be hesitant to endorse Eckerd Youth Alternatives, Inc. and not other wilderness camp programs.

Upon the motion and second the majority voted in opposition and two members voted in favor of the motion. The motion did not carry.

Substance Abuse Intensive Outpatient Program (SAIOP)

Starleen Scott-Robbins, of the DMH/DD/SAS Best Practices Team presented the 10A NCAC 27G .4440 SAIOP. The proposed rules are necessary to establish a licensure category for SAIOP. The Division of MH/DD/SAS implemented SAIOP as a new service in July 2001 and a waiver request was approved by the Division of Facility Services to provide a temporary means of licensing these programs. SAIOP is currently licensed through a waiver under the .3700 Day Treatment Facilities for Individuals with Substance Abuse Disorders rules. Discussion and recommended changes included:

10A NCAC 27G .4400 (a) to remain consistent with changes made to the residential treatment rules the Committee recommended changing the word “principle” to “primary”

(a) A substance abuse intensive outpatient program (SAIOP) is one that provides structured individual and group addiction treatment and services that are provided in an outpatient setting designed to assist adults or adolescents with a ~~principle~~ primary substance-related diagnosis to begin recovery and learn skills for recovery maintenance.

Bob Hedrick asked for clarification on the language in paragraph (f) of .4403. He suggested a revision to provide clarity to separate face to face from telephonic response. Ms. Wainwright suggested the rule language be changed to read “...week, which shall include at a minimum the capacity for face to face emergency response within two hours.” The recommended language reads as follows:

10A NCAC 27G .4403 (f)

(f) Each SAIOP shall develop and implement written policies to carry out crisis response for their clients on a face to face and telephonic basis 24 hours a day, seven days a week. week, Each program shall have which shall include at a minimum the capacity for face to face emergency response within two hours.

Upon the motion, second and unanimous vote the Committee approved with additions the proposed adoption of rules for 10A NCAC 27G. .4400 to be forwarded to the full Commission for final adoption.

Substance Abuse Comprehensive Outpatient Program (SACOT)

10A NCAC 27G .4500

Starleen Scott-Robbins also presented the 10A NCAC 27G .4500 SACOT. The proposed rules are necessary to establish a licensure category for SACOT. SACOT is a new service included in the service definitions recently approved by the Centers for Medicare and Medicaid Services (CMS). The Division for MH/DD/SAS is working with the Division of Facility Services to implement a temporary waiver process under the licensure rules for day treatment for individuals with substance abuse disorders until the new licensure category rules for SACOT become effective. Recommended changes included:

(a) A substance abuse comprehensive outpatient treatment program (SACOT) is one that provides a multi-faceted approach to treatment in an outpatient setting for adults with a ~~principle~~ primary substance-related diagnosis who require structure and support to achieve and sustain recovery.

(f) Each SACOT shall develop and implement written policies to carry out crisis response for their clients on a face to face and telephonic basis 24 hours a day, seven days a week. week, Each program shall have which shall include at a minimum the capacity for face to face emergency response within two hours.

Upon the motion, second and unanimous vote the Committee approved with additions the proposed adoption of rules 10A NCAC 27G. .4500 to be forwarded to the full Commission for final adoption.

There being no further business the meeting adjourned at 1:50pm